

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000043834

1. Entity Name

INLAND INVESTMENT PROPERTIES I, LLC



Principal Place of Business

6550 53RD ST
PINELLAS PARK, FL 33781

Mailing Address

6550 53RD ST
PINELLAS PARK, FL 33781



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2770485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000829389
02/26/08-80039-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SARTOR, SR, JOHN R
STREET ADDRESS	18441 HARDROCK RD
CITY-ST-ZIP	BROOKSVILLE, FL 34603
TITLE	MGRM
NAME	CARLSON, CAREY
STREET ADDRESS	23112 FITZHUGH AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	MGRM
NAME	TOCCALINO, GEORGE
STREET ADDRESS	5652 BAYVIEW DR
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	MGRM
NAME	MCVEY, JOHN W
STREET ADDRESS	205 66TH STREET SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

George Toccalino/MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #